

U.S. Department of Justice
United States Marshals ServiceU.S. MARSHAL
BALTIMORE MD**PROCESS RECEIPT AND RETURN**

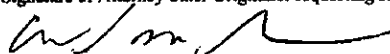
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF William M. Schmalfeldt, Sr.	2015 JUL -7 AMVO: 40	COURT CASE NUMBER # 1:15-cv-01241-RDB
DEFENDANT Patrick G. Grady et al	TYPE OF PROCESS	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { David Edgren ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1150 S. Grantham Rd., Wasilla, AK 99654		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285 1
William M. Schmalfeldt, Sr. 6636 Washington Blvd., #71 Elkridge, MD 21075		Number of parties to be served in this case # 3
		Check for service on U.S.A.

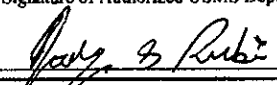
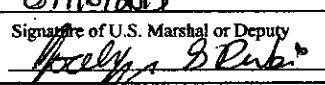
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:  P. Se	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 410-206-9637	DATE 7/2/15
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 037	District to Serve No. 037	Signature of Authorized USMS Deputy or Clerk 	Date 07/27/2015
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date 07/16/2015	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy 	
Service Fee \$8.00	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges \$8.00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00

REMARKS: sent via certified mail return receipt restricted delivery &
7014 2120 0000 8092 8309
service was refused and returned unexecuted on 07/16/2015DISTRIBUTE TO:
1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

CERTIFIED MAIL

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U.S. Department

United States Marshals Service
District of Maryland

101 W. Lombard Street, Suite 6113
Baltimore, MD 21201-2670

Official Business
Penalty for Private Use \$300

7014 2120 0000 8092 8307

NIXIE

996542004-1N

07/16/15

RETURN TO SENDER
REFUSED
UNABLE TO FORWARD
RETURN TO SENDER



REFUSED

David Edgren
1150 S. Grantham Rd
Washla, AK 99654

FILED
LOADED
RECEIVED

JUL 28 2015

U.S. MARSHALS
CLERK, U.S. DISTRICT COURT
DISTRICT OF MARYLAND

DEPUTY

BY

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if mail is to be sent by registered mail so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David Edgren
1150 S. Grantham Rd
Washla, AK 99654

1:15-CV-01241-RDB

2. Article Number
Provide your service label
PS Form 3811, July 2013

7014 2120 0000 8092 8307

Domestic Return Receipt

3. Service Type
- ☐ Priority Mail Express
 - ☒ Certified Mail
 - ☐ Registered Mail
 - ☐ Insured Mail
 - ☐ Collect on Delivery
4. Restricted Delivery? (When Yes) ☒ Yes

5. Recipient by (Printed Name)
6. Date of Delivery
7. Is delivery address different from item 1? ☐ Yes ☐ No
8. If YES, enter delivery address below:

9. Signature
10. Agent ☐ Address ☐ Date of Delivery ☐

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Postmark
Here

Total Postage

Sent To

Street & Apt. No
or PO Box No.

City, State, ZIP+

David Edgren
1150 S. Grantham Rd.
Wasilla, AK 99654